POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	JM _	768611	315/01
RESPONSE FORMALITY REVIEW	yel	1030	5 23-01

INDEX OF CLAIMS

Rejected	N.	Non-elected
Allowed	Ι.	Interference
(Through numeral) Canceled	Α.	Appeal
Restricted	0 .	Objected

;			
Claim	Date	Claim Date	Claim Date
/ i = 16	12/12/1		🕫
Final Original	2 410	Pinal Conginal Conginal Conginal Conginal Conginal Conginal Congression Conginal Congression Congressi	Original
Final Final	1620304	E 5 840, 03 01	
1(1)	2 V MM	51 -> V N N	101
2		52	102
3		53	103
4		54	104
5		(55)	105
6		56	106
7		57	107
8	100	58	108
201		59	109
7 10	√ + √	60 V 4 W	110
111		61 N N N	111
. 12		7817-7	112
13		V 63	113
14		64	114
15		65	115
16		66	116
17		66	117
18			118
19		69 4	119
20		70 1. 1	120
21			121
22	 	72	122
23		73	123
24		74 V • • • • • • • • • • • • • • • • • •	· 124
25	 	Ot 75 V → V	125
26			126
27		77	127
28		78	128
29	 	79	129
30	{ 	80	130
31	╂┼╂┼╂┼╂┼┼┼┼┼	8	131
32	 	82 V V V 4	132
33	 		133
34	╂┼╀┼┼┼┼┼┼┼		134
35	111111111111111111111111111111111111111	10	135
36		86 / -	136
(37)			137
38			138
39	 	66	139
40	 		140
41	┞╏╘╏╏┋ ┼ ┋╏┋ ╬╌┼╌┾╌╏═┼╌╄═┦		141
42	┞┋╶╏╶╏╸╏╸╏╸╏╸╏╸ ╏	92	142
42	╏┇╏╏╏╏╏╏╏╏╏	93	143
	┞╏┞╏┋╏┋┋	94	144
44	┡┋╶╏┋╶╏ ╌┞═┩	95	145
	╿┫╱┦┦╶┞╸╏╏╏╏╏	96	146
46	╎┢╎┆╶┞┋╎╒╏┈╏┈╏┈╏┈╏┈╏┈╏ ┈┦	97	147
47	┞<u>╊</u>╶┞╸┞╶╄╸┞╺ ┥	98	148
48	[]/\] _ 	99	149
49 50		100	150
150	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)

